Political Organization Notice of Section 527 Status

OMB No. 1545-1693

uly 2000)				
partment of the Treasury Irnal Revenue Service				it wife etian number
art I General Information				Employer identification number 65 1026872
Name of organization Campaign Accour	at of Johr	ı J <u>. McD</u> o	ougall	1 03 .1020072
The state of the Box of the	mber, succe, and it	oom or suite nun	nber)	
1011 MAQUIT DIT	, C			
City as town, state, and ZIP cod	е	f (1)	<u></u> -	
Fort Myers, Flo	<u>)rida 339</u>	<u> </u>		
E-mail address of organization				
Name of custodian of records	4b Custoc	ian's address	rt	
Peter V. D'Ales	ssandro			
peter V. D Alc.) J Q	F	ort Myers, Flor	ida 33919
		5b Contac	t person's address	
5a Name of contact person		98	316 Capstan Cou	<u>^t</u>
Peter V. D'Ales	ssandro	dro I		
		F	ort Myers, Flor	and room or suite number
Business address of organizatio	n (if different from	mailing address	shown above). Number, 30 eec,	
N / A				
City or town, state, and ZIP cod	le			
art II Purpose	ronization			iff.of.Lee.County,
			·	
art III List of All Related	d Entitios (See	instructions)		
art III List of All Related	8b Relati	ionship	8c Address	
a Name of related entity				
None				
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				DEN, UT
				And the state of t
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Part IV	Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions) 9b Title 9c Address					
9a Name	V. D'Alessandr	95 litte	9816 Capstan Court			
reter	v. D Alessailar	l lieusurer				
(Not	Compensated)		Fort Myers, Florida 33919			
						
		<u> </u>				
	Under pepalties of perjury, I dec Revenue Code, and that I have e it is true, correct, and complete.		n Part I is to be treated as an organization described in section 527 of the Internal ompanying schedules and statements, and to the best of my knowledge and belief.			
Sian	Signature of authorized o	fficial Peter V. D'	Alessandro 07/31/00			
Sign Here	Supriature of autismized o					

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Form **8871** (7-2000)